

Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

EXISTENCE OF CONFIDENTIAL DATA REQUEST

Please **PRINT** all information except where a signature is required.

REQUIRED INFORMATION

Name: _____

Last

First

Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Address: _____

Street

Apt. /Suite #

City

State

Zip Code

Date of birth: _____

Month

Day

Year (MM/DD/YYYY)

I wish to know if I am the subject of any confidential data held by the BCA as permitted by Minnesota Statutes, section 13.04, subdivision 3.

OPTIONAL CONTACT INFORMATION

Telephone: (_____) _____ Email: _____

If you mail this form, you must sign below in the presence of a Notary Public. Mail to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.

Signature: _____

STATE OF MINNESOTA)
COUNTY OF _____) ss

Signed or attested before me this _____ day of _____, 20____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)